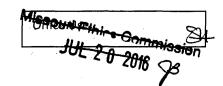


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1.	Statement Information		
	Date: 07/20/2016		
Type: New Amended (if amending, enter MEC ID C161298 & section chang			anged)
2.	Committee Information		
	CLEAN Missouri		·
	1805 S. Aurora St. Eldon, MO 65026	,	₍ 573 ₎ 216-4668
	Committee Mailing Address, City, State, & Zip		Telephone Number
		Miller County - Ger	nise Buetcher
	tt	County Clerk or Board of Election Commission	oners
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Kayla Scrivner	* ,	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	1805 S. Aurora St. Eldon, MO 65026 Treasurer's Mailing Address, City, State, & Zip	Troopyrada Hama Talambana Number	(573) 216-4668
	Sean Soendker Nicholson		Treatment a work reteptione (autiber
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	1805 S. Aurora St. Eldon, MO 65026	()	₍ 573 ₎ 795-5165
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
l	Connected Organization's Name (if any)	Connected Organization's Mailing Address, O	ity State & 7in

5	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees		back) No
J.	Official Bank Account information (required by an committees	<i>)</i>	
_			
0.	Candidate Supported of Opposed (candidate committees must	include seif, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	()	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	Campaign Finance, Ethics, and Legislative Reforn	11/06/2018; MO	Support
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	mittees)	
	I affirm and attest under penalty of perjury that information a	nd facts in this rep Mays comple	ete. true. and accurate. I
	If affirm and attest under penalty of perjury that information and facts in this repents a complete, true, and accurate. If the repents are the same aware that any false statement or declaration made herein is purity as a complete, true, and accurate. If the repents are the same aware that any false statement or declaration made herein is purity as a complete, true, and accurate. If the repents are the same aware that any false statement or declaration made herein is purity as a complete, true, and accurate. If		
	And I have a second		
	Committee Treasurer	Candidate (Candidate Committees Only)	2 0 2016
			· ·

MO 300-1308 Packet (Rev. 11/2014)

Form must be completed in full & contain original signature(s), fax filings are not accepted.